

EPA ID:
Name:
Address:

**KANSAS DEPARTMENT OF
HEALTH AND
ENVIRONMENT**
2005 Hazardous Waste Report



**FORM
WR**

WASTE RECEIVED FROM OFF-SITE

Instructions: Please see the detail instructions on pages 22 to 24 of booklet before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code □□□□ □□□□ □□□□ □□□□	C. State hazardous waste code □□□□□□ □□□□□□
D. Off-site handler EPA ID number □□□□ □□□□ □□□□ □□□□		E. Quantity received in 2005 □□□□□□□□□□ . □	F. UOM Density □ □□.□□ □ lbs/gal □ sg
G. Form code W □□□		H. Management Method code H □□□	
Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code □□□□ □□□□ □□□□ □□□□	C. State hazardous waste code □□□□□□ □□□□□□
D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 1 □□□□□□□□□□□□□□□□		E. Quantity received in 2005 □□□□□□□□□□ . □	F. UOM Density □ □□.□□ □ lbs/gal □ sg
G. Form code W □□□		H. Management Method code H □□□	
Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code □□□□ □□□□ □□□□ □□□□	C. State hazardous waste code □□□□□□ □□□□□□
D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 2 □□□□□□□□□□□□□□□□		E. Quantity received in 2005 □□□□□□□□□□ . □	F. UOM Density □ □□.□□ □ lbs/gal □ sg
G. Form code W □□□		H. Management Method code H □□□	
Comments:			